

UGANDA
PY 2013: Quarter 2 Progress Report

Project Name: MCHIP
Reporting Period: January 1 – March 31, 2013
Obligation Funding Amount: \$900,000 June 2012-June 2013 (\$600,000 Mission Field Support; \$300,000 Core NUVI)
Project Duration: June 2012-June 2013
Evaluation Dates: January 1 – March 31, 2013
Person Responsible for Drafting this Report: Patrick Isingoma, Acting Country Director
Project Objectives: <ol style="list-style-type: none"> 1. At national level, to improve the capacity of UNEPI to plan, manage, implement, monitor, and coordinate support for routine immunization 2. In selected Mission focus districts, to strengthen District Health Team (DHT) capacity to manage and coordinate support for routine immunization.

I. Overall Progress of the Project for the Quarter

Note: Due to high volume of acronyms, a list of acronyms are provided at the end of this report

Activities Planned	Activities Accomplished	Comments (National/District)
Program start-up and documentation	<ul style="list-style-type: none"> PMP and EMMP developed and submitted (January 10, 2013) to USAID Mission for review; The EMMP has been approved, however, the PMP has yet to be approved – this will likely happen once the baseline data has been updated and included in the PMP and re-submitted to USAID for approval. It is anticipated that the PMP will be updated and resubmitted during Q3 and results shared in the Q3 report (July 31st submission). During Q2, district-specific baseline data was gathered in the five MCHIP districts (Kapchorwa, Rukungiri, Iganda, Busia and Kabale). This data will be used, in conjunction with QI-RED principles, during micro-planning exercises in Q3 which MCHIP will facilitate (microplanning is a key component of RED). Recruitment for Country Director placed on hold during Q2, task-shifting, an increase in STTA and HQ support conducted to ensure for implementation momentum 	<ul style="list-style-type: none"> National
Improve capacity of UNEPI in planning, managing,	<ul style="list-style-type: none"> Training of Central Trainers (28th January - 1st February 2013) was conducted for 41 (20 Female and 21 Males) trainers. Participants included 2 people from each of the MCHIP districts, Kampala City Council, Masaka district, Uganda Virus Institute, AFENET, UNEPI, MOH, Resource Centre in MOH, Rakai district, UPDF 	<ul style="list-style-type: none"> National

Activities Planned	Activities Accomplished	Comments (National/District)
coordinating and active monitoring	<p>Medical Services, UNICEF and WHO Uganda. The five day training included presentations from UNEPI, UNICEF, AFENET, MCHIP, and members from Masaka District. All 41 TOT's attended more than 4 out of 5 days of the training and the pre and post-tests showed that the 41 TOT's trained greatly improved their understanding of the QI-RED methodology. During the interactive training, participants created solutions to real challenges in their respective communities and shared these solutions with colleagues so that all TOTs were able to increase their understanding of how QI-RED can improve immunization. Participants also had opportunities to facilitate sessions, increase their skill as trainers and improve familiarity with how to introduce QI-RED concepts.</p> <ul style="list-style-type: none"> • Training of operational health workers in QI-RED was conducted for each of the 5 MCHIP districts: Iganga (35 Females and 5 Males), Busia (30 Females and 8 Males). Benefiting HFs were HCII -10, HCIII - 8, HCIV - 3, Hospital - 2. Rukungiri (30 Females, 10 Males) HCII - 18, HCIII - 13, HCIV -5, Hospital - 2. Kabaale (23 Females and 17 Males) HCII - 11, HCIII - 14, HCIV - 12 and Hospital - 2, DHT -4. Kapchorwa 40 (23 Females and 17 Males); HCII -14, HCIII - 15, Hospital - 1, DHT - 1, Red Cross Society - 1 • MCHIP participated in UNEPI technical meetings in January and March. In February, the meeting was combined with PCV introduction discussions (through the National Coordinating Committee); participation in this meeting ensured that MCHIP's technical perspective was shared with colleagues • As part of an overall catchment area clarification exercise to better implement RED and QI, MCHIP supported districts to map populations (parishes) to static health facilities (macro mapping) and started on the second stage - micro mapping (identification and allocation of villages to static and outreaches in each parish). These initial mapping processes are one of the first steps of the QI-RED methodology and will help facilities link with their communities better and facilitate ownership plus demand for services. 	<ul style="list-style-type: none"> • District • National • District
Improve quality and use of data	<ul style="list-style-type: none"> • In MCHIP selected districts, RI data for Jan- Dec 2012 was analyzed per Health Facility, then sub county, and feedback was given to in-charges of all health facilities and districts plus sub county leaders during review meetings • Health units with large numbers of unimmunized (haven't received Penta 1) and under immunized (haven't received Penta 3) children were identified and activities discussed to help reach all children. • In collaboration with WHO and UNEPI, MCHIP began working on terms of reference for conducting a nationwide DQS which will include hiring a consultant to facilitate a training of national trainers for DQS data collectors and supervisors. MCHIP will 	<ul style="list-style-type: none"> • District • National • National

Activities Planned	Activities Accomplished	Comments (National/District)
	technically and financially support national level planning and training, as well as training and implementation of a DQS in all the five districts.	
Collaborate and provide technical support for RI with USAID grantees	<ul style="list-style-type: none"> • MCHIP prepared a letter of support for a proposal to USAID that the COBERS, at the Child Health and Development Centre at Makerere University, are developing. The idea behind our letter of support is to work together to engage health professionals such as medical, nursing and midwifery students to support on-going community service in child survival. Regardless of COBERS USAID award status, MCHIP will explore partnering with COBERS students; exploration will include how to support spread and scale-up of best practices in immunization by having COBERS students who are already being placed in MCHIP-supported districts document the QI-RED approach that MCHIP is facilitating, as well as documenting general routine immunization-related activities. • MCHIP participated in the DMC meetings organized by SDS/USAID for Iganga and Kapchorwa districts. This has helped MCHIP to collaborate with other USAID implementing partners by way of sharing quarterly work plans, implemented activities in the previous quarter and planned activities for the next quarter, thus knowing what they are doing in the same districts and getting to know what plans they have for the districts. 	<ul style="list-style-type: none"> • National • District
Advocacy/communications/policy documentation support	<ul style="list-style-type: none"> • EPI policy was reviewed and endorsed by the MCH Cluster meeting and Senior Management Committee of the MOH. It is due for costing and presentation to HIPAC, top management, senior top management, Cabinet and finally Parliament. Costing exercises are currently being done. • MCHIP supported the printing of 400 copies of “Immunization Practice in Uganda” and distributed copies to all central OPL trainers and MCHIP-focus district OPL training participants. 	<ul style="list-style-type: none"> • National • District
Focused studies	<ul style="list-style-type: none"> • MCHIP conducted a baseline assessment in its five districts: Iganga, Busia, Kapchorwa, Rukungiri, and Kabaale. Additional support was provided by an STTA who managed data collection teams and gathered data for all districts. A draft assessment report has been developed for Kapchorwa. Assessment reports for the remaining districts are being developed. A five-district consolidated baseline report will be finalized in the coming quarter and disseminated at national level. Collecting baseline data will enable MCHIP to better understand the key focal issues in each district, thus understanding how better to support the districts to sustainably improve RI. MCHIP will work with districts to provide baseline feedback as part of their annual microplanning exercises; during upcoming microplanning, MCHIP will incorporate QI concepts and begin introduction of a series of Plan-Do-Study-Act activities looking at how to break larger prioritized problems identified 	<ul style="list-style-type: none"> • National

Activities Planned	Activities Accomplished	Comments (National/District)
	<p>during microplanning into smaller more “doable” actions. MCHIP will also be involved in the coming quarter in reviewing and commenting on a recently revised WHO/Geneva “Immunization in Practice” microplanning module, using experience from QI-RED in Uganda. The finalized revised Geneva modules will be sent to all WHO regions for adaptation and use, including the WHO Africa Regional Office.</p>	
Operationalize RED and QI	<ul style="list-style-type: none"> • MCHIP supported its 5 districts to conduct review meetings, with immunization as a key focus; Iganga (50 participants), Busia (48), Kapchorwa (39), Rukungiri (61) and Kabaale (82). The review meeting included district leadership such as CAO, LCV Chairmen, Secretaries for Health, In- charges of all static health units, EPI focal persons for HSD, representative from hospitals and health development partners working in the district. • MCHIP supported its districts to categorize static health facilities, sub-county, HSD and district performance using RI data for the first 6 months of 2012/13 FY. Results of the performance review were sent to district, Sub County and HU in-charges. HU in-charges were encouraged to use the performance review results to lobby for resources for RI/PHC and involve as many stakeholders as possible. Some development partners offered support for immunization in the form of radio airtime and social mobilization. 	<ul style="list-style-type: none"> • District • District
Peer exchange visits	<ul style="list-style-type: none"> • During the OPL training, Masaka District presented lessons learned with QI from their 2010-2012 ARISE activities (http://arise.jsi.com/system-innovation-component/), this resulted in OPL training participants having a practical understanding of how QI-RED can work and enabled in-person exchanges between districts on how to improve their RI program; over the next quarter, MCHIP will support its five districts to visit Masaka to see QI-RED activities and interact with health staff. 	<ul style="list-style-type: none"> • District
PCV Introduction	<ul style="list-style-type: none"> • The DCD, DTO and MCHIP Consultants participated in a central level training for the introduction of PCV10 vaccine in the country, with introduction planned for late April. • MCHIP supported a regional training of trainers for East Central (covers Busia, Iganga), Eastern (covers Kapchorwa), and Southwest (covers Kabaale, Rukungiri) regions which oversee MCHIP’s five districts • Plans for PCV training in districts have been finalized and MCHIP will technically and financially support training at district and HSD levels in its 5 districts; one of the MCHIP supported districts, Iganga, will be the site for the national PCV launch, to be opened by President Museveni. This will present an opportunity for MCHIP to share brief overviews with global and national dignitaries (e.g. MOH, GAVI, WHO/Geneva, etc). 	<ul style="list-style-type: none"> • National • District • District

II. Challenges, Solutions and Actions taken

- With less than a year of guaranteed funding at the time recruitment efforts began, hiring of a Country Director has been difficult. MCHIP accommodated the situation by shifting tasks and hiring consultants as needed to ensure that program implementation continued as planned. At this time, there are no plans to hire a Country Director during this work plan cycle. As the team plans activities for a follow-on work plan (when the funding situation will be clearer), this will be among the first priorities.
- Delay and shifting of activities within UNEPI has been noted due to many internal administrative challenges in the MOH that are beyond the scope of development partners (e.g., hiring EPI Manager, finalizing management role of vaccine related cold chain/logistics). The current impasse within the MOH (and outside of UNEPI jurisdiction) relating to NMS versus UNEPI management of cold chain and logistics has led to many delays, including implementation of PCV introduction trainings at district and HSD levels. PCV vaccines have also not yet arrived in country, but are anticipated to arrive between 18-21 April.
 - Transition of central management of vaccines and supplies (including gas cylinder distribution) from UNEPI to NMS, and failure to bundle vaccine and injection materials at central level, has led to shortages of these supplies at districts and lower levels. Being in close collaboration with both UNEPI and the districts has made MCHIP appreciate what the districts are going through. Because current vaccine/logistics shortcomings require resolution at the highest levels, MCHIP's strategy has been to encourage districts to solve problems within their reach as they wait for the MOH to solve vaccine/supply stockout problems from central level.
- The planned dashboard/newsletter presenting/comparing RI data across all districts was developed but not finalized or disseminated in local newspapers due to delayed approval by the MOH; in response, MCHIP worked with UNEPI and the Assistant Commissioner Health of Services, IDSR, to re-submit the proposed dashboard to the Permanent Secretary/MOH with 2 options: (1) Approval of newspaper pullout, or (2) summarize RI data in a letter signed by MOH and distributed to all districts. The same letter will call for comments from the districts. MCHIP anticipates this to be resolved during Q3.

III. Lessons, Best Practices and Recommendations

- Routine immunization data was analyzed and shared with the HF in-charges during quarterly meetings, stimulating commitment to RI. The meetings proved to be a good venue to share key problems, and success, as well as generate an opportunity for the group to share and brainstorm solutions to issues presented. For example: When HF in-charges go to the DVF to pick up vaccines and no one is there, HF in-charges will now look to shift supply of vaccines to one commonly available staff (i.e., the Secretary to the DHO) to open the vaccine fridge so that the HW can pick up vaccines and record them in the report which will later be shared with each district officer.
- Involvement of health development partners in quarterly district review meetings facilitates resource mobilization to support routine immunization. For example, during the Kapchorwa district review meeting, Uganda RED Cross and the Reproductive Education And Community Health (REACH) program offered to do social mobilization and radio talk show airtime respectively.
- Macro mapping exercise revealed that there was duplication of services (2 or more outreaches in the same area) whereas other areas were not served at all. This came up when one staff complained that their outreach was not working because the one near theirs had worked a few days earlier.
- Further recommendations at the district level:

- Districts are encouraged to solve problems within their reach as they wait for the MOH to solve vaccine/supply stock out problems from central level
- Districts should forecast and quantify their vaccine needs and directly guide MOH on the quantities required
- Health development and selected private partners working in the district – be invited and encouraged to participate in the review meetings.

IV. Success stories

- Due to most activities still being nascent, MCHIP is in the process of gathering national and district specific stories; it has no finalized success story to share during this quarter

V. Management Issues

Due to the challenge of recruiting for an MCHIP Country Director, Patrick Isingoma, Deputy Director and National Technical Advisor, continued to serve as Acting Country Director (through June 2013). Mr. Isingoma continues to lead the team, focusing on national level technical and management issues. Additional support at the district level continues to be provided by Dr. Gerald Ssekitto, District Technical Officer, assisted by STTA Mohamed Bukenya (who worked on the QI-RED approach in Masaka district with the ARISE project). Dr. Ssekitto also supported M & E inputs for MCHIP in Uganda. Dr. Ssekitto and Mohamed Bukenya have begun implementation in the five MCHIP districts, conducting the baseline assessment in December 2012 and January 2013. Rebecca Fields, Senior Technical Advisor for Routine Immunization at MCHIP HQ, has been providing increased technical assistance, specifically in the development of the baseline assessment reports.

VI. Update of the PMP and EMMP

The results of the baseline assessment have yet to be finalized. It is anticipated that this will be completed and ready to present to USAID Mission and MCHIP HQ during Quarter 3 reporting cycle (July 31, 2013).

VI. Planned Activities for Next Quarter

NATIONAL:

- Train district Trainers for PCV introduction
- Train health workers as part of PCV introduction
- Hire a consultant to cost the EPI policy
- Take the EPI policy through HIPAC, Top Management and support submission to Parliament
- Participate in monthly EPI Technical meetings
- Continue to participate as national coordinating committee member in introduction of PCV10 vaccine
- Assist UNEPI to re/establish RI feedback to all districts on a quarterly basis
- Plan for DQS training at national level and support implementation
- Contribute to WHO/Geneva revision and update of Immunization In Practice Microplanning module, using Uganda QI-RED experience
- Submit updated PMP with district baseline data incorporated

FIVE DISTRICTS:

- Introduce implementation of QI-RED strategy in conjunction with annual microplanning, building on existing structures to develop district QI mentoring teams
- Continue with assisting districts with strengthening quarterly feedback, using EPI data for decision making, and sharing of promising practices with sub counties
- Conduct orientation of VHTs to RI
- Participate in district planning meetings
- Support introduction of PCV10 vaccine, including national launch in MCHIP-focus district of Iganga
- Support districts to conduct review meetings where RI information is discussed and peer learning is encouraged
- Provide baseline assessment reports to each district

LIST OF ACRONYMS

AFENET	African Field Epidemiology Network
ARISE	African Routine Immunization System Essentials
CAO	Chief Administrative Officer
COBERS	Community-Based Education Research Service
DCD	District Country Director
DHT	District Health Team
DHO	District Health Officer
DMC	District Management Committee
DQS	Data Quality Self-assessment
DTO	District Technical Officer
DVF	District Vaccine Facility
EMMP	Environment Management Mitigation Plan
EPI	Expanded Program on Immunization
HC	Health Centre
HF	Health Facility
HIPAC	Health Implementing Partners Advisory Committee
HQ	Headquarter
HSD	Health Sub-District
HU	Health Unit
IDSR	Integrated Disease Surveillance and Response
LCV	Local Council 5
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MCHIP	Maternal Child Health Integrated Program
MOH	Ministry of Health - Uganda
NMS	National Medical Stores
OPL	Operational Level
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PMP	Project Management Plan
QI	Quality Improvement
QI-RED	Quality Improvement in Reaching Every District
RED	Reaching Every District (sometimes called REC/Reaching Every Child)
RI	Routine Immunization
SDS	Strengthening Decentralization for Sustainability
STTA	Short-term Technical Assistance
TOT	Training of Trainers
UNEPI	Uganda National Expanded Program on Immunization
UNICEF	United Nations Children's Fund
UPDF	Uganda Peoples' Defense Forces
USAID	United States Agency for International Development
VHT	Village Health Team
WHO	World Health Organization